

7/11/2024



LDH ZOOM CANCELLATION FORM

DATE: _____

AGENCY: _____

SECTION: _____

TELECOM COORDINATOR/LIAISON: _____ BILL PAYER: _____

ZOOM:

****NOTE**** - ZOOM ACCOUNTS **CANNOT** BE TRANSFERRED FROM ONE EMPLOYEE TO ANOTHER.

CANCEL ZOOM ACCOUNT REMOVE WEBINAR

BILLING ACCOUNT # _____

USER LICENSE NAME: _____ **PERSONNEL #** _____

USER LICENSE EMAIL: _____

REGIONAL/DISTRICT/FACILITY TELECOMMUNICATIONS LIAISON SIGNATURE & DATE

AGENCY/DISTRICT/FACILITY TELECOMMUNICATIONS COORDINATOR SIGNATURE & DATE

LDH TELECOMMUNICATIONS COORDINATOR SIGNATURE & DATE (VERIFYING CHANGED IN SYSTEM)